

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091869104  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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10						
11			1			
12				1		
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50						
TOTAL IND.			1	X	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

THIS SHEET IS USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE